SOUTHERN METHODIST UNIVERSITY

Parking and ID Card Services Office

Pre-tax Parking Deduction Authorization Form

PLEASE USE BALL POINT PEN AND PRINT CLEARLY.

Employee Name: _____
(First) (Initial) (Last)

Please check the appropriate box:

☐ **I request to participate** in the SMU Pre-Tax Parking Deduction Plan and authorize the payroll deduction of my parking expenses at the published parking rate with pre-tax earnings.

I am scheduled to be paid by SMU: ☐ Biweekly (every two weeks) ☐ Monthly

☐ **I decline to participate** in the SMU Pre-Tax Parking Deduction Plan. I will pay my annual parking expenses directly to the Parking and ID Card Services Office with cash or check.

I understand that enrollment in the SMU Pre-Tax Parking Deduction Plan is automatic for parking paid through payroll deduction. I also understand that participation in the Plan is optional and I may choose to start/stop participation at any time in the future pursuant to eligibility and Plan guidelines.

Employee Signature: _____

Employee SMU ID: _____ Date:_____

For Parking and ID Card Services Office Use Only

I have received notification of employee's decision to

☐ Start ☐ Stop

his or her participation in the SMU Pre-Tax Parking Deduction Plan.

Signature: _____ Date: _____
Parking and ID Card Services Representative

Return completed form to: **SMU Parking and ID Card Services Office**
Hughes-Trigg Student Center Ste. 216
P. O. Box 750412
Dallas, TX 75275-0412

Distribution: Original – Payroll Department Copy – Parking Office